REGISTRATION FORM





Friday, May 18, 2018

Green Dentistry: Marijuana, Opioids and the Effects on Oral Health

Speakers: Dr. Barry Taylor and Dr. Caroline DeVincenzi Credit Hours: 7 Times: 8:30am - 4:30pm

Location: Marriott Seattle Airport - 3201 South 176th Street - Seattle, WA 98188

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NAME		POSITION IN DENTAL OFFICE			
PREFERRED MAILING AD	DRESS []] WORK [] HOME			
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CITY	5	TATE ZIP			
DAYTIME TELEPHONE NU	JMBFR	FAX			
EMAIL *Email address requ	iired for confirmation	n and receipt			
ADDITIONAL ATTEN	DEEC				
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NAME		POSITION IN DENTAL OFFICE			
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NAME		POSITION IN DENTAL OFFICE			
DIETARY RESTRICT	IONS: [] Vegeta	rian [] Vegan Other:			
METHOD OF PAYME	NT				
		[] DENTIST \$245 [] RETIRED DENTIST/STAFF \$160			
After May 4,	2018	[] DENTIST \$270 [] RETIRED DENTIST/STAFF \$185			
Dentist(s):		_ X \$245 = _\$			
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Retired Dentist/Staff:		_ X \$160=\$			
		[] VISA [] MasterCard [] American Express [] Check enclosed			
TOTAL DUE:	\$	(Checks should be made out to Seattle-King County Dental Society)			
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CARD ACCOUNT NUMBER		EXPIRATION DATE CVC CODE			
FULL NAME (AS IT APPEA	RS ON CARD)				
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CARDHOLDERS SIGNATU	JRE				
Please send this form	m to:	Or fax to:			
Seattle-King County Dental Society		Seattle-King County Dental Society			
1111 Harvard Ave		(206) 443-9308			
Seattle, WA 98122					

Please note that confirmation emails will be sent to you one week before the course.

Receipts available upon request.

Questions? Call SKCDS (206) 448-6620.

CANCELLATION AND REFUND POLICIES

Refunds, minus a \$40 processing fee, will be awarded up until five business days before the course. After five business days, no refunds will be awarded.

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